# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
## (Schedule E)

| | |
|---|---|
| PAGE 1 OF 3 | |
| FOR SE OF FORM 24/48 | |

**NAME OF COMMITTEE** (In Full)
Freedom Partners Action Fund, Inc.

**FEC IDENTIFICATION NUMBER ▼**

C  C00564765

Check if  ☐ 24-hour report   ☒ 48-hour report   ☒ New report   ☐ Amends report filed on   M M / D D / Y Y Y Y

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**Full Name of Payee**
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

**Mailing Address** 2200 WILSON BLVD.
STE. 102-533

| City | State | Zip Code |
|---|---|---|
| ARLINGTON | VA | 22201 |

**Purpose of Expenditure**
DIGITAL MEDIA PRODUCTION

Category/Type

**Date of Public Distribution/Dissemination**
05 / 19 / 2016

**Amount**
1500.00

**Transaction ID : SE24.627**
**Date of Disbursement or Obligation**
05 / 25 / 2016

**Name of Federal Candidate**
TED STRICKLAND

☐ Support   ☒ Oppose

Office Sought:  ☐ House   District: _____
☐ President   ☒ Senate   State: OH

**Calendar Year-To-Date Per Election for Office Sought**
3724685.91

Disbursement For:  ☐ Primary   ☒ General
2016
☐ Other (specify) ▶ _____

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**Full Name of Payee**
FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.

**Mailing Address** 2200 WILSON BLVD.
STE. 102-533

| City | State | Zip Code |
|---|---|---|
| ARLINGTON | VA | 22201 |

**Purpose of Expenditure**
DIGITAL MEDIA PRODUCTION

Category/Type

**Date of Public Distribution/Dissemination**
05 / 19 / 2016

**Amount**
1000.00

**Transaction ID : SE24.628**
**Date of Disbursement or Obligation**
05 / 25 / 2016

**Name of Federal Candidate**
TED STRICKLAND

☐ Support   ☒ Oppose

Office Sought:  ☐ House   District: _____
☐ President   ☒ Senate   State: OH

**Calendar Year-To-Date Per Election for Office Sought**
3724685.91

Disbursement For:  ☐ Primary   ☒ General
2016
☐ Other (specify) ▶ _____

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**(a) SUBTOTAL** of Itemized Independent Expenditures............................................ ▶   2500.00

**(b) SUBTOTAL** of Unitemized Independent Expenditures ...................................... ▶

**(c) TOTAL** Independent Expenditures....................................................................... ▶

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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas F. Maxwell III*
_____  *[Electronically Filed]*   Date  06 / 08 / 2016
Signature